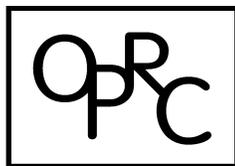


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
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Okanagan Prostate Resource Centre

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The guest speaker at our March Support Group meeting was Dr. Kong Khoo, one of the Medical Oncologists at the Sindi Ahluwalia Hawkins Cancer Centre for the Southern Interior in Kelowna. He gave all those present a very informative presentation on the BC Cancer Agency's **P**ersonalized **O**nco - **G**enomics (POG) program that is taking place at the BC Cancer Agency. He mentioned that the human genome has 20,000 genes. The BC Cancer Agency is closely collaborating with the Genome Sciences Centre in B.C. which is one of the best in the world. The Genome Sciences Centre has 335 staff and is associated not only with the BC Cancer Agency but also UBC. To date over 400 patients have been consented to POG, representing 50 different cancer types. The next phase of the program will see the number of patients increase to 2,000. This will set a global precedent both in terms of the diversity of cancers investigated and the number of participants. At the present time the cost for each patient to go through the program is about \$27,000. and the cost of sequencing just one genome is \$3,500. Thus far they have completed both POG 1.0 and POG 2.0, they are now beginning to enroll patients into the POG 3.0 program. POG is only open to those cancer patients who have failed at least one chemotherapy treatment and have very advanced cancers. This was a very educational and informative meeting. Dr. Khoo also took many questions following his presentation.

When to Worry About Back Pain -

The following was obtained from the Internet and originated from the *City of Hope*, that has several hospital locations in California. The City of Hope was founded in 1913, it is one of only 45 comprehensive cancer centers in the U.S. as designated by the National Cancer Institute.

Millions of people experience some form of back pain in their lifetime. Although back pain is fairly common and usually muscle-related, certain back pain symptoms can signify a more serious medical problem.

It's a special concern for cancer patients. That's because cancer doesn't always limit itself to one location; it spreads or metastasizes, to other parts of the body, including the spine.

"The vast majority of spinal tumours occur when other types of cancer spread to the spine," said *Mike Chen, M.D., Ph.D.*, associate professor in the department of surgery at *City of Hope*. "It is estimated that this occurs in at least 25 percent of cancer patients. Therefore, cancer patients have to pay special attention to back pain, which is the first symptom in most patients."

Unfortunately, back pain is so common that spinal cancer often goes undetected until it is advanced. That's why cancer patients should not hesitate to tell their doctors about new symptoms.

"If a patient has back pain that is worrying them, they need to bring it to the attention of their primary doctor, or oncologist and ask for a CT or MRI scan," said Chen.

Patients with breast, lung, *prostate* or kidney cancer that has already metastasized to other organs are at the highest risk of cancer spreading to the spine.

"It is important to catch the spinal tumour at an early stage, when the treatments can usually be non surgical," said Chen.

Early symptoms of spinal tumour include:

- **Back pain**, when it is unrelated to a traumatic event, increases over time and is unlike any chronic pain the patient may have experienced prior to being diagnosed with cancer.
- **Weakness or numbness**, specifically in the arms or legs.
- **Pain**, which radiates from the back toward the arms or legs.
- **Difficulty controlling bowel and bladder functions**, or a noticeable change in bowel habits.

When a spinal tumour is caught at a more advanced stage, surgery can still be beneficial in restoring neurological function, reducing pain and , most importantly, preventing tumour recurrence.

WITT'S WIT (ON THE LIGHTER SIDE) -

An Italian Mama

Mrs. Ravioli comes to visit her son Anthony for dinner.

He lives with a female roommate, Maria.

During the course of the meal, his mother couldn't help but notice how pretty Anthony's roommate is.

Over the course of the evening, while watching the two interact, she started to wonder if there was more between Anthony and his roommate than met the eye.

Reading his mom's thoughts, Anthony volunteered, "I know what you must be thinking, but I assure you, Maria and I are just roommates."

About a week later, Maria came to Anthony saying, "Ever since your mother came to dinner, I've been unable to find the sugar bowl. You don't suppose she took it, do you?"

"Well, I doubt it, but I'll email her, just to be sure." So he sat down and wrote an email:

Dear Mama,
I'm not saying that you "did" take the sugar bowl from my house; I'm not saying "you did not" take it. But the fact remains that it has

been missing ever since you were here for dinner.

Your Loving Son, Anthony

A few days later, Anthony received a response email from his mama which read:

Dear Son,

I'm not saying that you "do" sleep with Maria, and I'm not saying you "do not" sleep with her. but the fact remains that if she was sleeping in her OWN bed, she would have found the sugar bowl by now.

Your Loving Mama

Moral:

Never Bulla Shita you Mama

Prostate-Specific Antigen (PSA) Test -

the following is an excerpt of information published by the *Canadian Cancer Society* - January 1, 2016

Prostate-specific antigen (PSA) is a protein made by the cells of the prostate gland. PSA is mostly found in semen, but it is also normal to find small amounts of PSA in the blood of healthy men. A PSA test measures the amount of PSA in the blood.

Why a PSA test is done -

A PSA test may be done for 2 reasons:

1) - *To help detect prostate cancer*

- A PSA test may be done when the doctor suspects prostate cancer because of a man's health history or the results of a physical examination.
- A PSA test may detect early prostate cancer in men who do not have symptoms.
- Men over 50 should talk with their doctor about whether they should be tested for prostate cancer.
- Although PSA testing detects prostate cancer earlier than waiting for symptoms to appear, experts are divided about whether it is a useful test or not.
- An increased level does not necessarily mean that a man has prostate cancer.
- Only about 1 in 4 men with an abnormal PSA result will actually have prostate cancer.
- The others will have a benign condition, such as prostatitis (Inflammation of the prostate gland) or benign prostatic hyperplasia (BPH).

2) - *To monitor response to cancer treatment and monitor disease recurrence and progression.*

- PSA acts as a tumour marker (a substance that can be found in the body when cancer is present).

- A decrease in, or return to normal values of, PSA often means that the prostate cancer has responded to

treatment. The lowest level that the PSA reaches (nadir) is used as a baseline for future PSA tests.

- The PSA level should fall to a near undetectable level (less than 0.1) in men who have been treated with surgery.
- The PSA level in men treated with radiation therapy also goes down after treatment, but because the prostate gland has not been removed, small amounts of PSA (up to 2.0) continue to be made by the benign parts of the prostate gland.

An increase in PSA may mean that the cancer is not responding to treatment, is growing or has come back (recurred).

- If a man's PSA level begins to rise, it may be the first sign of a recurrence. This may be referred to a biochemical failure or biochemical relapse. Biochemical failure is seen with repeated rises in the PSA level after it has reached its lowest level.
- A single elevated PSA measurement in a man with a history of prostate cancer does not always mean the cancer has recurred. In particular, after brachytherapy for prostate cancer, a temporary rise in PSA (PSA bounce) occurs in about half of all men, usually 1-4 years after treatment. Then the PSA level falls without any other treatment.

What PSA Results Mean -

It is normal to find small amounts of PSA in the blood of healthy men. A PSA level can go up and down for different reasons. The PSA level varies with age. It tends to increase gradually in men over 60 as the prostate gland grows.

PSA is reported as a whole number. Although many doctors refer to a normal PSA level being less than 4, however, the normal level depends very much on a man's age. A man in his 40s will have a PSA level that is well below 4, but a man in his 70s typically has a PSA level above 4.

- The risk for prostate cancer rises with higher PSA levels.
- There is no limit to how high a PSA level may rise.
- Sometimes men with prostate cancer have normal PSA.

A high PSA result should be checked again before further tests are done.

Knowing whether or not a man's PSA level is steadily increasing or decreasing may be as important as the actual level. A jump from previous results may indicate that cancer has developed.

PSA levels by Age -

Younger than 50	0.0-2.5
50-59	0.0-3.5
60-69	0.0-4.5
70 and older	0.0-6.5

Reasons for Higher than Normal PSA Levels -

Many problems with the prostate can cause the PSA level to rise, so an increased level doesn't necessarily mean a man has prostate cancer. PSA levels may be higher because of:

- An enlarged prostate gland (benign prostatic hyperplasia or BPH)
- An inflamed or infected prostate gland (prostatitis)
- A recent medical test on the prostate gland (such as DRE, TRUS, or biopsy)
- Recent sexual activity (including ejaculation)
- Cancer cells in the prostate

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.

The logo for Janssen, featuring the word "janssen" in a lowercase, sans-serif font, followed by a stylized blue swoosh that curves upwards and to the right.

UP COMING MEETING DATES- for 2016

May 14th - June 11th - NOTE: We take July and August off so our next meeting will be on September 10th.

Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month From September to June in the Orchard Rooms at the Parkinson Recreation Centre on Harvey Ave., with access off Spall Rd. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

Thank you for helping us "Win the War Against Prostate Cancer."

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

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